

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>YH</i>	<i>70541</i>	<i>10/18</i>
O.I.P.E. CLASSIFIER		<i>7/14/35</i>	<i>10-20-99</i>
FORMALITY REVIEW		<i>7/14/35</i>	<i>10/25/99</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	1	✓	
2	2	✓	
3	3	✓	
4	4	✓	
5	5	✓	
6	6	✓	
7	7	✓	
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50	50	✓	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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